

11/05/01



11059 U.S. PTO

12-10-01

A

Please type a plus sign (+) inside this box → ☐PTO/SB/05 (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	KAP 102 DIV
	First Inventor	Aaron V. Kaplan
	Title	METH. & APP. FOR TRANSPERICARDIAL LEFT ATRIAL ...
	Express Mail Label No.	EL 845500621 US

APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/>	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/>	Specification [Total Pages <b>15</b> ] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input type="checkbox"/>	Computer Readable Form (CRF)
		b. <input type="checkbox"/>	Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> paper</li></ul>
		c. <input type="checkbox"/>	Statements verifying identity of above copies
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113) [Total <b>13</b> ]	<b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Verified Statement of Small Entity,	
5. <input type="checkbox"/>	Oath or Declaration [Total Pages <b>2</b> ] <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul></li></ul>		
6. <input type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76		
18. <input type="checkbox"/>	If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>09/315,601</b> Prior application information: Examiner <b>U. Ho</b> Group / Art Unit <b>3738</b> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>09/315,601</b> Prior application information: Examiner <b>U. Ho</b> Group / Art Unit <b>3738</b> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
---	--

19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			<input checked="" type="checkbox"/> Correspondence address below		
(Insert Customer No. or Attach bar code label here)					
Name	Cook, Alex, McFarron, Manzo, Cummings & Mehler				
Address	200 West Adams Street Suite 2850				
City	Chicago	State	IL	Zip Code	60606
Country	USA	Telephone	312-236-8500	Fax	312-236-8170

Name (Print/Type)	Gary W. McFarron	Registration No. (Attorney/Agent)	27,357
Signature		Date	11/05/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any  
comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office,  
Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box  
Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

TOTAL AMOUNT OF PAYMENT

\$370.00

Application Number

Filing Date

First Named Inventor

Aaron V. Kaplan

Examiner Name

Group Art Unit

Attorney Docket No.

KAP 102 DIV

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

50-1039

Deposit  
Account  
Name

Cook, Alex, McFarron et al.

- ☒ Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

- ☒ Applicant claims small entity status.  
See 37 CFR § 1.27

2. ☐ Payment Enclosed:

- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee Description  
Code (\$) Code (\$) Fee Paid

101	740	201	370	Utility filing fee	370.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) \$370.00

### 2. EXTRA CLAIM FEES

Extra Claims		Fee from below	Fee Paid
Total Claims	17 - 20** = 0	X	0.00
Independent Claims	2 - 3** = 0	X	0.00
Multiple Dependent			

Large Entity Small Entity

Fee Fee Fee Fee Description  
Code (\$) Code (\$) Fee Paid

103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$0.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non - English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR § 1.17(q)	
126	180	126	180	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

## SUBMITTED BY

Name (Print/Type)

Gary W. McFarron

Registration No.  
(Attorney/Agent)

27,357

## Complete (if applicable)

Telephone

312-236-8500

Signature


*Gary W. McFarron*

Date

11/5/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<b>CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)</b>			Docket No. <b>KAP 102 DIV</b>
Applicant(s): <b>Kaplan et al.</b>			
Serial No.	Filing Date	Examiner	Group Art Unit
Invention: <b>Methods and Apparatus for Transpericardial Left Atrial Appendage Closure</b>			
I hereby certify that the following correspondence: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"><b>Divisional Patent Application</b></div> <p style="text-align: center;"><i>(Identify type of correspondence)</i></p> <p>is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on <u>November 5, 2001</u> <i>(Date)</i></p> <div style="text-align: right; margin-top: 20px;"><p><u><b>Kathrina M. Cotner</b></u> <i>(Typed or Printed Name of Person Mailing Correspondence)</i></p><p><u></u> <i>(Signature of Person Mailing Correspondence)</i></p><p><u><b>EL 845500621 US</b></u> <i>("Express Mail" Mailing Label Number)</i></p></div>			
<b>Note: Each paper must have its own certificate of mailing.</b>			